Town of Fountain Hills

BUSINESS LICENSE APPLICATION INSTRUCTIONS

For questions pertaining to this application, please contact the Town Clerk's office at 480-837-2003.

PLEASE READ CAREFULLY

- ✓ This application must be filed and a license obtained to lawfully operate a business in Fountain Hills.
- ✓ Applicant must comply with all Federal and State regulations governing the business in which he-she is engaged.
- ✓ Issuance of a business license by the Town of Fountain Hills shall in no way be construed as permission to operate a business activity in violation of any other law or regulation to which such activity may be subject.
- ✓ When more than one trade, calling, profession, occupation or business is carried on, transacted or practiced by the same person, corporation or partnership at one fixed place of business, only one license shall be required.
- ✓ The business license must be on display in some conspicuous place or location within the place of business.
- ✓ No license issued shall be assigned or transferred to any other person, corporation or partnership without first obtaining permission from the Town.
- ✓ The licensee shall inform the Town Clerk of any changes in his/her business activities or uses within 30 days.
- ✓ Businesses must comply with local zoning regulations. Most residential zoning districts have "use regulations" that include "home occupation" and are classified as any occupation or profession which:
    - Is conducted entirely within the dwelling unit and carried on by a member of the family residing therein;
    - Is incidental and subordinate to the use of the dwelling unit for dwelling purposes and does not change the character;
    - Has no employees other than a member of the immediate family residing in the dwelling unit;
    - Has no mechanical equipment except that which is used for domestic or hobby purposes.

BUSINESS LICENSE APPLICATION
TOWN OF FOUNTAIN HILLS, ARIZONA

Please fill in all blanks applying to your business: ☐ Resident ☐ Non-resident ☐ New ☐ Branch location

BUSINESS NAME AND LOCATION INFORMATION: A separate application must be filled out for each branch establishment or separate place of business.

_____ _____
Business Name (Company or Individual DBA) Business Start Date @ this location

_____ _____ _____ _____
Primary Contact Person Title Business Phone No. Fed. I. D. Tax #

1)_____ **2)**_____
Names and Phone Numbers of two people to be contacted in case of emergency

_____
Complete physical address where business is located

_____ _____
Mailing Address if different from physical address **E-Mail Address**

_____
List all Towns/Cities where business is transacted

OWNERSHIP INFORMATION: (Check One) ☐ **Proprietorship** ☐ **Partnership** ☐ **Corporation**

1)_____ _____ _____ _____
Name of Owner or Officer Title Home Phone Social Security Number

_____ _____
Driver's License Number Street Address City/Town State Zip

2)_____ _____ _____ _____
Name of Owner or Officer Title Home Phone Social Security Number

_____ _____
Driver's License Number Street Address City/Town State Zip

CORPORATION NAME AND ADDRESS: _____

_____

Telephone No._____ Statutory Agent_____

BUSINESS PREMISES STATUS

Do you lease your business premises? ☐ Yes ☐ No If yes, Landlord's Name_____

_____ _____
Landlord's Telephone Number Landlord's Address

Do you use, process, generate or store any hazardous materials, such as flammables, combustibles or toxic materials?

☐ Yes ☐ No If, yes, please list:_____

BUSINESS STATUS

Have you previously had a business license in Fountain Hills? ☐ Yes ☐ No

If yes, please supply business name and address:_____

BUSINESS TYPE

☐ Contractor ☐ Retailer ☐ Service ☐ Wholesaler ☐ Manufacturer ☐Rental ☐ Other_____

Describe nature of all business carried on at this location by the person(s) listed on this application:_____

Arizona Sales Tax License #_____ Food Handler Permit #_____

Contractors License #: Commercial_____ Residential_____ Renewal Date_____

(*Attach copies of sales tax license or any other licenses you may have to verify compliance with all federal and state regulations pertaining to your trade, profession, occupation or business).*

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. (*Incomplete applications may not be processed).*

_____	_____	_____	_____
Date	Owner, Partner or Corporate Officer Signature	Printed Name	Title

Please return this completed application with a check or money order for **$50.00** to:

Town of Fountain Hills
Office of the Town Clerk
P. O. Box 17958
Fountain Hills, AZ 85269

- ***DO NOT WRITE BELOW THIS LINE*** -

Effective Period of License_____ License No._____

Zoning District_____ Compliance: ☐ Yes ☐ No Action, if any:_____

Date Paid_____ Amount Received_____ Check No._____

Approval Date_____ Denial Date and Reason for Denial_____

Comments_____